

POSITION	ID NO.	DATE
CLASSIFIER		
EXAMINER	299	630
TYPIST	299	630
VERIFIER		
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

INDEX OF CLAIMS

Claim	Date
Final	1
Original	98
1	
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1 (6)	11
2 9	11
3 10	11
4 11	11
5 12	11
6 13	11
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8 15	11
9 16	11
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SYMBOLS

- ✓ Rejected
- = Allowed
- (Through number) Cancelled
- Restricted
- N Non-elected
- Interference
- A Appeal
- O Objected

Claim	Date
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